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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/06/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 44341  
 JACOBSON & JOHNSON  
 ONE WEST WATER STREET, SUITE 285  
 ST. PAUL, MN  
 55107

TITLE  
 Dual Dispenser

FILING FEE  RECEIVED 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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